



EMPLOYEE RECALL ELIGIBILITY RECORD

A.

TO BE COMPLETED BY THE DEPARTMENT: Complete an Employee Recall Record form for each employee who is eligible to be on the Recall List. Send the completed form to: DAS-HRE, Customer Information Services, Attn: Employment Team.

S.S. # _____ Name _____
(First) (MI) (Last)
Address _____ Phone (____) _____
(Street) (Days)

(City) (State) (Zip Code) Phone (____) _____
(Evenings)

Department _____ Layoff Unit _____

Separation Date _____ Barg. Unit/Status _____ Class Code _____ Pay Grade _____

Employment Status: Full-time _____ Part-time _____ Class Title _____

Seniority Date _____ Retention Points _____

IUP Seniority Date _____

Date released to go on Recall (medical) _____ **(Applies only to SPOC, IUP and AFSCME employees)**

Classes from which voluntarily or disciplinarily demoted (do not include demotion in lieu of layoff or downward reclassification): _____

To the best of your knowledge, do you have the complete personnel file for this employee?

Yes _____ No _____

CHECK (✓) ONLY ONE OF THE FOLLOWING:

1. _____ Laid off.
2. _____ Bumped in lieu of layoff (Employee to complete Section B only and sign Section C).
3. _____ Reduction in hours from _____ to _____ hours per pay period.
4. _____ Employee did not accept reassignment over 25 miles **(Does not apply to SPOC covered)**.
 - a. _____ Reassignment offer was made in conjunction with a layoff: Yes _____ No _____
5. _____ Employee released to return to work following long term disability or a Workers' Compensation injury. **(Applies only to SPOC, IUP and AFSCME employees)**
6. _____ Employee position eliminated due to outsourcing.

Personnel Assistant _____ Phone Number: (____) _____ - _____

Signature _____ Date _____
Appointing Authority

B. TO BE COMPLETED BY THE EMPLOYEE: AVAILABILITY

PLACE A MARK (X) IN THE BOXES BELOW FOR ONLY THOSE COUNTIES WHERE YOU ARE WILLING TO BE RECALLED TO WORK, AND MOVE IF NECESSARY.

County

- ☐ 1 Adair
- ☐ 2 Adams
- ☐ 3 Allamakee
- ☐ 4 Appanoose
- ☐ 5 Audubon
- ☐ 6 Benton
- ☐ 7 Black Hawk
- ☐ 8 Boone
- ☐ 9 Bremer
- ☐ 10 Buchanan
- ☐ 11 Buena Vista
- ☐ 12 Butler
- ☐ 13 Calhoun
- ☐ 14 Carroll
- ☐ 15 Cass
- ☐ 16 Cedar
- ☐ 17 Cerro Gordo
- ☐ 18 Cherokee
- ☐ 19 Chickasaw
- ☐ 20 Clarke
- ☐ 21 Clay
- ☐ 22 Clayton
- ☐ 23 Clinton
- ☐ 24 Crawford
- ☐ 25 Dallas
- ☐ 26 Davis
- ☐ 27 Decatur
- ☐ 28 Delaware
- ☐ 29 Des Moines
- ☐ 30 Dickinson
- ☐ 31 Dubuque
- ☐ 32 Emmet
- ☐ 33 Fayette
- ☐ 34 Floyd
- ☐ 35 Franklin
- ☐ 36 Fremont
- ☐ 37 Greene
- ☐ 38 Grundy
- ☐ 39 Guthrie
- ☐ 40 Hamilton
- ☐ 41 Hancock
- ☐ 42 Hardin
- ☐ 43 Harrison
- ☐ 44 Henry
- ☐ 45 Howard
- ☐ 46 Humboldt
- ☐ 47 Ida
- ☐ 48 Iowa
- ☐ 49 Jackson
- ☐ 50 Jasper

County

- ☐ 51 Jefferson
- ☐ 52 Johnson
- ☐ 53 Jones
- ☐ 54 Keokuk
- ☐ 55 Kossuth
- ☐ 56 Lee
- ☐ 57 Linn
- ☐ 58 Louisa
- ☐ 59 Lucas
- ☐ 60 Lyon
- ☐ 61 Madison
- ☐ 62 Mahaska
- ☐ 63 Marion
- ☐ 64 Marshall
- ☐ 65 Mills
- ☐ 66 Mitchell
- ☐ 67 Monona
- ☐ 68 Monroe
- ☐ 69 Montgomery
- ☐ 70 Muscatine
- ☐ 71 O'Brien
- ☐ 72 Osceola
- ☐ 73 Page
- ☐ 74 Palo Alto
- ☐ 75 Plymouth
- ☐ 76 Pocahontas
- ☐ 77 **Polk (City of Des Moines)**
- ☐ 78 Pottawattamie
- ☐ 79 Poweshiek
- ☐ 80 Ringgold
- ☐ 81 Sac
- ☐ 82 Scott
- ☐ 83 Shelby
- ☐ 84 Sioux
- ☐ 85 Story
- ☐ 86 Tama
- ☐ 87 Taylor
- ☐ 88 Union
- ☐ 89 Van Buren
- ☐ 90 Wapello
- ☐ 91 Warren
- ☐ 92 Washington
- ☐ 93 Wayne
- ☐ 94 Webster
- ☐ 95 Winnebago
- ☐ 96 Winneshiek
- ☐ 97 Woodbury
- ☐ 98 Worth
- ☐ 99 Wright

ARE YOU WILLING TO BE RECALLED FOR: ☐ FULL-TIME ☐ PART-TIME ☐ EITHER

C.

TO BE COMPLETED BY THE EMPLOYEE: "PICK 15" (Employees who bump in lieu of layoff, Noncontract employees and employees covered by the SPOC contract are NOT ELIGIBLE to apply for "Pick 15" job classes. **Only SPOC employees returning from LTD are eligible to pick 25 classes for recall.**

List the number of job classes you are eligible to apply for and to which you will accept recall (see above statement). SUBMIT A COMPLETED DAS-HRE APPLICATION WITH THIS FORM.

Class Code Class Title

Class Code Class Title

1. _____

14. _____

2. _____

15. _____

3. _____

16. _____

4. _____

17. _____

5. _____

18. _____

6. _____

19. _____

7. _____

20. _____

8. _____

21. _____

9. _____

22. _____

10. _____

23. _____

11. _____

24. _____

12. _____

25. _____

13. _____

To make changes to your recall record, submit your request in writing to the Iowa Department of Administrative Services – Human Resources Enterprise, Employment Team, 1305 East Walnut, Des Moines, Iowa 50319-0150.

Contract covered employees recalled to a class not previously held will be required to serve a six month probationary period during which time they may be returned to layoff status. The employee's original recall record will be restored and a new recall period set. If unable to competently perform the duties of the job during the probationary period, an employee can be laid off and returned to the recall list.

I UNDERSTAND THAT MY NAME WILL BE REMOVED FROM THE RECALL LIST IF I FAIL TO RESPOND TO AN OFFER OF RECALL OR IF I DECLINE A POSITION IN ANY OF THE CLASSES OR UNDER ANY OF THE CIRCUMSTANCES FOR WHICH I HAVE INDICATED AVAILABILITY (INCLUDING THE CLASS FROM WHICH I WAS LAID OFF).

Signature

Date